

Therapeutic Discourse

ELINA WEISTE and ANSSI PERÄKYLÄ

University of Helsinki, Finland

Therapeutic discourse is the talk in interaction between clinician and client that aims to improve the mental health of a client. Therapeutic discourse can be conducted in a wide range of institutional settings, varying from primary-care medicine, to rehabilitation and social work. In psychotherapy, therapeutic discourse is the key activity, as the sole business of the psychotherapeutic encounter is to talk and interact in ways that improve the client's mental health.

Early studies of therapeutic discourse

Therapeutic discourse has been an interest of social scientific and linguistic research from as early as the 1950s. Qualitative interaction analysis of audio- or video-recorded psychotherapy sessions was started by Pittenger, Hockett, and Danehy (1961), who described in detail an audio recording of the first five minutes of an initial psychiatric interview. They paid particular attention to the implicit meanings conveyed by the lexical and prosodic choices of the participants. The major milestone was Labov and Fanshel's book *Therapeutic Discourse* (1977) in which they analyze a single, 15-minute long segment of psychotherapy interaction using speech act theory. In their analysis, Labov and Fanshel single out four basic types of actions: metalinguistic action (initiating, continuing, or ending an action), representation, request, and challenge. Through the examination of these actions, the authors address themes that are pertinent also in the clinical understanding of psychotherapy, such as emotion and repression.

The early studies employed a major part of the concepts and tools of linguistic and social scientific interaction research. Therapeutic discourse has, however, also been studied in other disciplines. Psychotherapy process research is perhaps the most comprehensive research field for understanding therapeutic discourse.

Psychotherapy process research

Due to the centrality of language and interaction in psychotherapy, themes pertaining to therapeutic discourse are addressed not only in linguistic and social scientific research, but also in clinical and psychological research on psychotherapy. There is a rich research tradition on processes through which psychological change in the client occurs during

The International Encyclopedia of Language and Social Interaction, First Edition.
Karen Tracy (General Editor), Cornelia Ilie and Todd Sandel (Associate Editors).
© 2015 John Wiley & Sons, Inc. Published 2015 by John Wiley & Sons, Inc.
DOI: 10.1002/9781118611463/wbielsi102

psychotherapy. In these studies aspects of therapeutic discourse are important factors facilitating change.

Research on connections between in-session processes and posttherapy outcome has been perhaps the most popular form of psychotherapy change process research. In these studies, process and outcome are measured on various dimensions and from client, therapist, and observer perspectives. Outcome has to do with the client benefiting from the therapy, by getting better in some measureable way. The process variables that are meant to explain the outcome are often related to therapeutic discourse: They may be different kinds of therapeutic techniques (like interpretation) or aspects of the therapeutic relation (such as empathy).

Apart from process-outcome research qualitative methods are also employed to study the changes that take place in the client during the therapy processes. For example the *helpful factor* research permits clients, therapists, and/or objective raters to evaluate what they found helpful or unhelpful in therapy. Different kinds of methods such as structured interviews, questionnaires, and tape-assisted recalls are used to evaluate the helpfulness of particular therapist responses. The results of this kind of research design have suggested, for example, that interpretation and advice are the most helpful and question the least helpful type of therapist intervention (Elliot et al., 1982).

Some researchers have sought to combine different approaches. *The significant event approach* combines the quantitative outcome variables with qualitative data analysis of the helpful factors and microanalytic research of the behavior of client and therapist in the therapy session. *Assimilation analysis* (e.g., Stiles, 2002) is the most recent example of such an approach. It seeks to understand psychotherapy as a process in which the clients' relations to their particular problematic experiences gradually change. The model is meant to describe psychological change that occurs in successful therapy. One important idea is that the therapeutic interventions should be aimed at the client's *zone of proximal development* (ZPD), a space between the client's actual therapeutic developmental level and their potential developmental level. This potential level of assimilation can be reached in successful therapies when the client and the therapist interact together. The model suggests that during the course of therapy, the client should "follow a regular developmental sequence of recognizing, reformulating, understanding and eventually resolving" problematic experiences (p. 357). The developmental sequence is summarized in the eight stages of the Assimilation of Problematic Experiences Scale. This scale is numbered from 0 to 7: 0 (warded off/dissociated); 1 (unwanted thoughts/active avoidance); 2 (vague awareness/emergence); 3 (problem statement/clarification); 4 (understanding/insight); 5 (application/working through); 6 (resourcefulness/problem solution); and 7 (integration/mastery). Assimilation analysis has been applied in a wide range of studies in different types of therapies.

In a similar vein, *dialogical sequence analysis* (DSA; e.g., Leiman, 2002) explores linkages between features of therapeutic discourse and the clients' relationship to their problems. DSA seeks to arrive at a conceptualization of psychic processes through detailed examination of the ways clients talk about their experiences. The focus is on identifying repetitive evaluative stances, that is, *positions* that clients adopt in regard

to their problematic experiences. DSA assumes that all mental actions are reciprocally structured and the positioning of the self always implies corresponding positioning of the others (*counterpositions*). The aim of DSA is to recognize the client's reciprocal positions and movements from one position to the other, that is, *dialogical patterns*. DSA is developed in the context of psychotherapy supervision and process research. It can be used, for instance, to focus the therapist's listening and thinking during the initial encounter and to generate early formulations about the client's problems. As assimilation analysis spells out the general developmental process of therapy, DSA provides a conceptualization of the relationship between client utterances and psychic processes, and ways to identify the changes that take place in the ways in which clients position themselves in regard to their problematic experiences. This combination of methods is grounded in the idea that all psychotherapies attempt to generate self-observation, which increases awareness of the original problems and allows an altered relationship to these problems.

Yet another very recent approach that utilizes assimilation analysis in describing the change in psychotherapy is the therapeutic collaboration coding system (TCCS; Ribeiro et al., 2012), which is a transcript-based method to analyze and track the utterances of the client and therapist to assess whether and how the therapist is working collaboratively within the client's therapeutic ZPD. In the coding procedure, the therapist's interventions are divided into two categories—supporting and challenging interventions—and the client's responses are described by using categories that reflect the ways in which the client can accept and make use of the intervention. TCCS identifies 15 possible interactive sequences corresponding to six possible positions in which the therapeutic dyad might be located considering the client's ZPD. The key idea is to show how the collaboration between therapist and client contributes to a client's growth and development in therapy.

While most approaches within the therapy process research use language in therapy sessions as data, they do not conceptually focus on discourse per se. Two approaches address questions of language and interaction more directly. *Verbal response mode* (VRM) developed by Stiles (1992) is based on a coding scheme that makes a distinction between eight types of utterances by therapists and clients (disclosure, advisement, edification, confirmation, question, interpretation, acknowledgment, and reflection) and yields global quantitative descriptions of psychotherapeutic sessions. The central principles of classification are the *source of experience* (whether the utterance's central topic derives from the speaker's or other's experience) and *frame of reference* (whether the utterance takes the speaker's viewpoint or takes a viewpoint that is shared with others). VRM has been used to document differences between psychotherapeutic approaches and, on the basis of it, a typology of approaches has been created. In *nondirective therapies*, therapists use mainly the client's frame of reference while avoiding their own frame of reference (e.g., client-centered therapy); in *directive therapies*, therapists use mainly their own frame of reference while avoiding the client's frame of reference (e.g., gestalt therapy), and in *analytic therapies*, therapists use mainly the client's experience while avoiding their own experience (e.g., psychoanalytic therapy). However, the *outcome* of the therapy has not been demonstrated to link to the utterance types the therapists use.

Another example of a language-centered approach within the process research paradigm is the *therapeutic cycles model* (TCM), which uses a computer-aided system to identify key moments of therapeutic interaction to describe different phases of the psychotherapy process (Mergenthaler, 1996). The TCM considers the therapeutic process from a linguistic perspective, making the assumption that affective and cognitive processes will be represented at the level of the lexical choice. The central variables of the model are *emotion tone* and *abstraction*. Computer software is used to calculate the frequencies of words from the transcripts that represent these variables. Thereby, it becomes possible to measure the variation in the intensity in emotion tone and abstraction in the therapeutic discourse at particular moments. Four different patterns of talk during sessions has been identified: *relaxing* (little emotion tone-little abstraction); *reflecting* (little emotion tone-much abstraction); *experiencing* (much emotion tone-little abstraction); and *connecting* (much emotion tone-much abstraction). Successful therapies have been found to use more connecting pattern and less relaxing pattern than less successful ones.

Within psychotherapy process research, the discourse-centered approaches, such as VRM and TCM, yield global characterizations of the language use and interaction in psychotherapy sessions. Such characterizations are helpful in exploring the key features of different therapy approaches, differences between successful or less successful therapies, or in identifying phases of therapy where interaction is more or less intensive. Another avenue for understanding therapeutic discourse starts from a different direction. The microanalytic techniques aim at showing the ways in which the client and the therapist, through a *moment-by-moment collaboration*, create their psychotherapeutic session. Such approaches yield descriptions of recurrent practices through which therapy gets done. Conversation analysis, which is a relatively new approach to psychotherapy research, is an example of this type of qualitative microanalytic research on therapeutic discourse.

Conversation analysis in psychotherapy research

The basis of *conversation analysis* (CA) is not on a particular theory of psychotherapy but a more general theory of human social interaction. Conversation analysts examine video or audio recordings of naturally occurring interactions, to unravel the practices through which the meanings of social actions are constructed in a moment-by-moment process. A key idea of CA is to see utterances in their sequential context, that is, to study the ways in which utterances arise from previous utterances and how they control the subsequent utterances. Also in psychotherapy research, the contribution of CA has been in understanding psychotherapeutic interaction sequentially. CA shows the ways in which anything that a therapist or a client does is done and understood in the context of the previous speaker's turn. Most CA research on psychotherapy deals with sequentially organized *practices* through which psychotherapy gets done.

Describing the interactional practices

Perhaps the most actively researched facet of psychotherapy interaction is *formulations*. In formulations the current speaker suggests a meaning of what the other one has said in the prior turn. It makes relevant confirmation or disconfirmation by the recipient. Antaki (2008, p. 34) shows how formulations can accomplish different kinds of tasks in psychotherapy interaction. Formulations can serve, for example, in establishing the events or experiences that the client has spoken about as therapeutically relevant or nonrelevant, in intensifying and underlining emotional or conflictual issues, in preparing the ground for an interpretation, and in managing the agenda of the therapeutic session.

Weiste and Peräkylä (2013) reported a comparative study of the uses of formulations in psychoanalysis and cognitive psychotherapy. Two types of formulation were used in each approach: *highlighting* formulations, which recycled the client's descriptions and recognized therapeutically dense material, and *rephrasing* formulations, which offered the therapist's version of the client's description and focused on subjective experiences. In contrast *relocating* formulations, which treat the client's experiences as connected to other times or places, were only used by psychoanalysts; and *exaggerating* formulations, which challenged the client by depicting her talk as implausible, were only offered by cognitive psychotherapists. The study suggests that on the level of therapeutic discourse, differences between these two therapeutic approaches (psychoanalysis and cognitive therapy) are very real, even though the more recent theories in both approaches have become less contrastive.

Another widely studied practice in psychotherapy is *interpretation*. In an interpretation, the therapist suggests that there is some additional meaning in what the client has been talking about, for example, with linkages between different spheres of experience (such as childhood and present) or relations between manifest and nonmanifest experiences (such as manifest anxiety and nonmanifest beliefs about the self and others). In an open and explicit way these utterances invite the client to orient to and work with the new understandings that the utterances propose.

The difference between formulations and interpretations has been clarified by Bercelli, Rossano, and Viaro (2008). They understand formulations along the lines suggested above as utterances which, while proposing further significance to what the client has said, frame what they propose "as something that was implicitly meant by the client" (p. 46). Interpretations, on the other hand, present whatever they suggest "as something that, though grounded in what the client has said, is caught and expressed from the therapist's own perspective—therefore something possibly different, and ostensibly so, from what the client meant" (p. 47). Thus, in delivering interpretations while speaking about the clients' mind and circumstances, therapists still use their own "voice" in full strength.

Voutilainen (2010) has explored further the fine-grained relations between a therapist's and the client's perspectives in therapists' interventions. She suggests that the interpretations can be done maintaining (at least partially) a client's perspective. In a study of therapists' ways of responding to a client's emotional experience in cognitive therapy, Voutilainen suggested that recognizing a client's emotional experience as

real and valid is a prerequisite of the therapist's more interpretive actions that imply access to the client's experience. These two actions are combined in specific ways in the therapist's turns at talk. Sometimes, the recognition of the client's experience precedes the interpretation as a separate act. The recognition invites agreement from the client and this agreement can build ground for the therapist's next, interpretative action. However, recognition can also be done in the same utterance that conveys the interpretation. Affective prosody in an interpretative utterance is one way of doing this.

According to Bercelli, Rossano, and Viaro (2008) the projected response is another feature that makes interpretations different from formulations. While formulations make relevant confirmations or disconfirmations, which often take minimal form, interpretations are geared to project more extensive agreements or disagreements. Peräkylä (2012) and Bercelli, Rossano, and Viaro (2008) have made converging observations regarding the ways in which therapists design interpretative utterances so as to elicit more than minimal response from the client. A key technique involves that in the face of minimal or no response from the client, therapists add increments to their interpretations, thus pursuing a more elaborate response. Recurrently, interpretations are responded to by what Bercelli, Rossano, and Viaro (2008) called *extended agreement* or what Peräkylä (2012) called *elaboration*. These moves involve utterances where clients show their agreement and understanding of the interpretation by offering evidence for the interpretation, or illustrating or explaining what was proposed in the interpretation.

Describing the therapeutic relationship

The relation between therapist and client is embodied in sequentially organized practices, including formulations and interpretations. Some CA research on psychotherapy is, however, more focused on broader aspects of practices that pertain to the relationship between the therapist and the client, as realized through their interaction.

Several studies have focused on moments in which there is some mismatch between the therapist's and the client's actions. For psychotherapies, client resistance is a pertinent feature: According to Vehviläinen (2008, p. 120), when discussing psychoanalysis, resistance is not an interactional failure, but "a starting point for exploration." In their CA informed study of client-identified important events in psychotherapy sessions, Viklund, Holmqvist, & Zetterqvist Nelson (2010) found that sequences of interaction, which clients in post-session interviews pointed out as important, involved some kind of disagreement between the therapist and the client. Thus, resistance or disagreement is not an obstacle to psychotherapy or something that needs to be sorted out in order for the therapy to take place. Moreover, resistance and the therapist's ways of dealing with it are part and parcel of the very activity of doing therapy. Due to the interactional turn-by-turn nature of resistance and disagreement, CA has been employed. In their ongoing project of developing the therapeutic collaboration coding system Ribeiro et al. (2012) have turned to CA to describe the interactional processes of how collaboration is reestablished after noncollaborative interaction.

In similar vein, Voutilainen (2010) showed how in a single session of cognitive psychotherapy, misalignment between the client and the therapist was turned into a resource for therapeutic work. Her case study explicates how the misalignment emerged and how it was managed. In the first part of the session the therapist declined the position of an affiliating-trouble-recipient that the client offered to her, and, instead, focused away from the client's emotion, scrutinized it, and even called it into question. These actions resulted in overt misalignment. Eventually, the therapist brought the relationship of the client and herself into the conversation. This move recast the misalignment into a resource of therapeutic work, and partial restoration of alignment between the participants ensued. The therapist sought to show to the client that she attributed to the therapist the disappointment that she actually felt about herself. In doing so, the therapist helped the client reflect upon her own feelings and her ways of relating to other people. Even though the client recurrently moved back to her initial position as a trouble teller, there were moments where she became engaged in more reflective contemplation of her feelings.

In spite of the fact that resistance is an ever-present feature of therapeutic interaction, there are also moments in which a therapist's and a client's actions and understandings meet. These are likely to be therapeutically significant moments in which the therapist and the client collaborate in constructing new understandings regarding the client's experience. Clients' extended agreements to interpretations are one locus where such complementarity can take place. Consider Extract 1, which is taken from the analysis of cognitive and systemic therapies.

(1) BerCELLI, Rossano, and Viaro (2008, pp. 57–58)

01 T: (so) what's come up as well (0.5) is this- h (.) interesting
 02 thing.=so then (0.3) the fact of being at ta:ble, (1.0) and
 03 being a bit (.) caged (.) at ta:ble
 04 C: at this point, thinking back it might be.
 05 T: it might be that you feel- then you resolve it
 06 C: by getting up=
 07 T: =by getting up and getting out (.)
 08 C: o[f
 09 T: [of the cage.
 10 (3.0)
 11 C: °yes.°
 12 (5.0)
 13 C: h °at this point right? (0.5) I think that the birth° of
 14 my second son right? because then (.) not- he'll gr[ow
 15 T: [heh heh
 16 C: it: it: makes me:: feel this aggressiveness because::
 17 it cages me °in my opinion, even more.°
 18 (1.5)
 19 C: °I don't know.°
 20 (1.0)

In the initial part of the interpretation, taking place before this segment, the therapist has suggested that the violent fantasies that have been disturbing the client during family mealtime — attacking his wife with a knife — might arise from a feeling of being caged

at the table. In lines 1 to 9, the therapist produces an expansion to this interpretation, suggesting that getting up from the table might be the client's way to "resolve" this problem. The client receives the interpretative utterance in agreement (see lines 4 and 11). In line 13 he produces an extended agreement (elaboration) in which he links his wife's pregnancy and the coming birth of his second son to the feeling of being caged. In an illuminating way, Bercelli, Rossano, and Viaro (2008) show how the client displays that the interpretation has changed his perspective here and now. The client supports the evidence of the therapist's interpretation by presenting that interpretation as something that he had considered right at the moment, just after the therapist's last increment to his interpretation. Rather long silences before and after the client's agreement token are thus hearable as silences during which the client's new idea has emerged. The client's hesitations and low voice during his response convey the same sense of an idea under construction. Thus, these kinds of design features can be interpreted to characterize a change of perspective in the client's response and that change as triggered by the therapist's previous interpretation.

The meetings of therapists' and clients' understandings that take place in and through clients' extended agreements/elaborations after therapists' interpretations also have a further sequential component to them. As Bercelli, Rossano, and Viaro (2008) point out, the therapists regularly expand the sequence after the clients' extended agreements. They do so by producing comments, follow-up questions, further interpretations, or a combination of these through which they show that the clients' responses are valuable contributions to the therapeutic work. Peräkylä (2012) identified similar characteristics in the therapists' third position utterances that follow the clients' responses to interpretations. Third position utterances are designed as formulations or extensions of the clients' responses to convey the therapists' acceptance and ratification of the understandings that the clients convey in their responses. However, third position utterances also seem to involve (usually implicitly) shifts of perspectives. Alongside appreciating and ratifying the clients' elaborations, third position utterances also indirectly suggest that there is something else or something more in what the clients describes in their elaborations. Peräkylä (2012) argues that through perspective shifts the therapists do further interpretative work.

Describing the change in interaction

The studies presented in the previous section laid out two local moments of change, including the process of transforming a misalignment into a therapeutic resource and a moment of change in the client's understanding triggered by the therapist's interpretation. These studies documented the direct, immediate influence of therapeutic interventions on clients (and also the reciprocal effect of clients' actions on therapists' actions). From a clinical point of view, *change* in the client is indeed of utmost interest because change of some sort is the motivation for all psychotherapies. As well as the momentary turn-by-turn change, conversation analysts of psychotherapy have recently started to investigate longer term change processes in therapeutic discourse. Voutilainen (2010) describes the involvement of the therapeutic discourse within a single case of cognitive-constructivist therapy. The focus is on interaction, which consists of

a therapist's conclusions (of a topical segment of discussion with the client) and the client's responses to them. In the conclusions, the therapist investigated and challenged the client's tendency to transform her feelings of disappointment and anger into self-blame. Over the course of the therapy, the client's responses to these conclusions are repeatedly recast: from the client first rejecting the conclusion, to then being ambivalent, and finally to agreeing with the therapist.

Future directions

There are three main challenges for research on therapeutic discourse. The methodological challenge is to bring discourse-oriented methods, such as CA, into closer contact and dialogue with the quantitative and the qualitative process-outcome studies. These two strands of research have developed largely independently. By such contact, the strength of the detailed microanalytic techniques could be brought to bear on the clinically significant questions of outcome. The other challenge is to understand more the variability and universality of therapeutic practices. As the study of Weiste and Peräkylä (2013) showed, in the level of discourse, different therapeutic approaches might have common features *and* distinct differences. We need to know more about them. The third challenge is to integrate the study of the therapeutic discourse with more generic themes of research on language and social interaction. Among the more generic themes, epistemics and emotions are among the most important: Interaction scholars are extending our understanding of epistemics and emotions in interaction, and that new knowledge can be brought to contribute to our understanding of therapeutic discourse.

SEE ALSO: Conversation Analysis, Applied; Conversation Analysis, Overview; Discursive Psychology; Doctor–Patient Interaction; Ethnomethodology; Formulations; Institutional Discourse

References

- Antaki, C. (2008). Formulations in psychology. In A. Peräkylä, C. Antaki, S. Vehviläinen, & I. Leudar (Eds.), *Conversation analysis and psychotherapy* (pp. 26–42). Cambridge, UK: Cambridge University Press.
- Bercelli, F., Rossano, F., & Viaro, M. (2008). Clients' responses to therapists' reinterpretations. In A. Peräkylä, C. Antaki, S. Vehviläinen, & I. Leudar (Eds.), *Conversation analysis and psychotherapy* (pp. 43–61). Cambridge, UK: Cambridge University Press.
- Elliot, R., Barker, C. B., Caskey, N., & Pastang, N. (1982). Differential helpfulness of counselor verbal response modes. *Journal of Counseling Psychology*, 29(4), 354–361. doi: 10.1037/0022-0167.29.4.354
- Labov, W., & Fanshel, D. (1977). *Therapeutic discourse: Psychotherapy as conversation*. Orlando, FL: Academic Press.
- Leiman, M. (2002). Toward semiotic dialogism. The role of sign mediation in the dialogical self. *Theory & Psychology*, 12(2), 221–235. doi: 10.1177/0959354302012002631

- Mergenthaler, E. (1996). Emotion-abstraction patterns in verbatim protocols: A new way of describing psychotherapeutic process. *Journal of Consulting and Clinical Psychology*, 64(6), 1306–1315. doi: 10.1037/0022-006X.64.6.1306
- Peräkylä, A. (2012). Conversation analysis in psychotherapy. In T. Stivers & J. Sidnell (Eds.), *Handbook of conversation analysis* (pp. 551–574). Oxford, UK: Blackwell Publishing.
- Peräkylä, A., Antaki, C., Vehviläinen, S., & Leudar, I. (Eds.). (2008). *Conversation analysis and psychotherapy*. Cambridge, UK: Cambridge University Press.
- Pittinger, R. E., Hockett, C. F., & Danehy, J. J. (1961). *The first five minutes. A sample of microscopic interview analysis*. Ithaca, NY: Paul Martineau.
- Ribeiro, E., Ribeiro, A. P., Gonçalves, M. M., Horvath, A. O., & Stiles, W. B. (2012). How collaboration in therapy becomes therapeutic: The therapeutic collaboration coding system. *Psychology and Psychotherapy: Theory, Research and Practice*, 86(3), 294–314. doi: 10.1111/j.2044-8341.2012.02066x
- Stiles, W. B. (1992). *Describing talk. A taxonomy of verbal response modes*. Newbury Park, CA: Sage.
- Stiles, W. B. (2002). Assimilation of problematic experience. In J. C. Norcross (Ed.), *Psychotherapy relationship that work: Therapists contributions and responsiveness to patients* (pp. 357–365). New York, NY: Oxford University Press.
- Vehviläinen, S. (2008). Identifying and managing resistance in psychoanalysis interaction. In A. Peräkylä, C. Antaki, S. Vehviläinen, & I. Leudar (Eds.), *Conversation analysis and psychotherapy* (pp. 120–138). Cambridge, UK: Cambridge University Press.
- Viklund, E., Holmqvist, R., & Zetterqvist Nelson, K. (2010). Client-identified important events in psychotherapy: Interactional structures and practices. *Psychotherapy Research*, 20(2), 151–164. doi: 10.1080/10503300903170939
- Voutilainen, L. (2010). *Emotional experience in psychotherapy interaction. Conversation analytical study on cognitive psychotherapy*. Helsinki, Finland: University Print.
- Weiste, E., & Peräkylä, A. (2013). A comparative conversation analytic study of formulations in psychoanalysis and cognitive psychotherapy. *Research on Language and Social Interaction*, 46(4), 299–321. doi:10.1080/08351813.2013.839093

Further reading

- Fitzgerald, P. (2013). *Therapy talk: Conversation analysis in practice*. Basingstoke, UK: Palgrave Macmillan.
- Thompson, A., & Harper, D. (Eds.). (2012). *Qualitative research method in mental health & psychotherapy: An introduction for students & practitioners*. Chichester, UK: Wiley Blackwell.

Elina Weiste is a researcher at the Finnish Centre of Excellence in Research on Intersubjectivity in Interaction, University of Helsinki, and a PhD candidate in sociology. Her research interests are communication and interaction in different types of therapeutic and counseling settings.

Anssi Peräkylä is professor of sociology at the University of Helsinki, and vice-director of the Finnish Centre of Excellence in Research on Intersubjectivity in Interaction. His research interests include emotion in interaction, psychotherapy, and facial expressions. His most recent book is *Emotion in Interaction* (2012), coedited with Marja-Leena Sorjonen.